

Effectiveness and Efficiency of Outpatient Abortion care service – A Clinical & Cost Improvement Project

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Introduction

In 2021, over 214,869 abortion procedures were performed in England and Wales, with a notable 17% increase in the first half of 2022. Recognizing the need for a more sustainable, accessible, cost-effective, and stigma-reducing approach, the National Abortion care service proposed transitioning to outpatient settings. This was initially challenging at our trust but was accelerated by the COVID-19 pandemic. As of April 2020, abortion care services shifted to outpatient clinics. Comprehensive guidelines designed and we collaborated with pharmacy to ensure access to misoprostol TTA packs, provision for same day contraception and Anti-D.

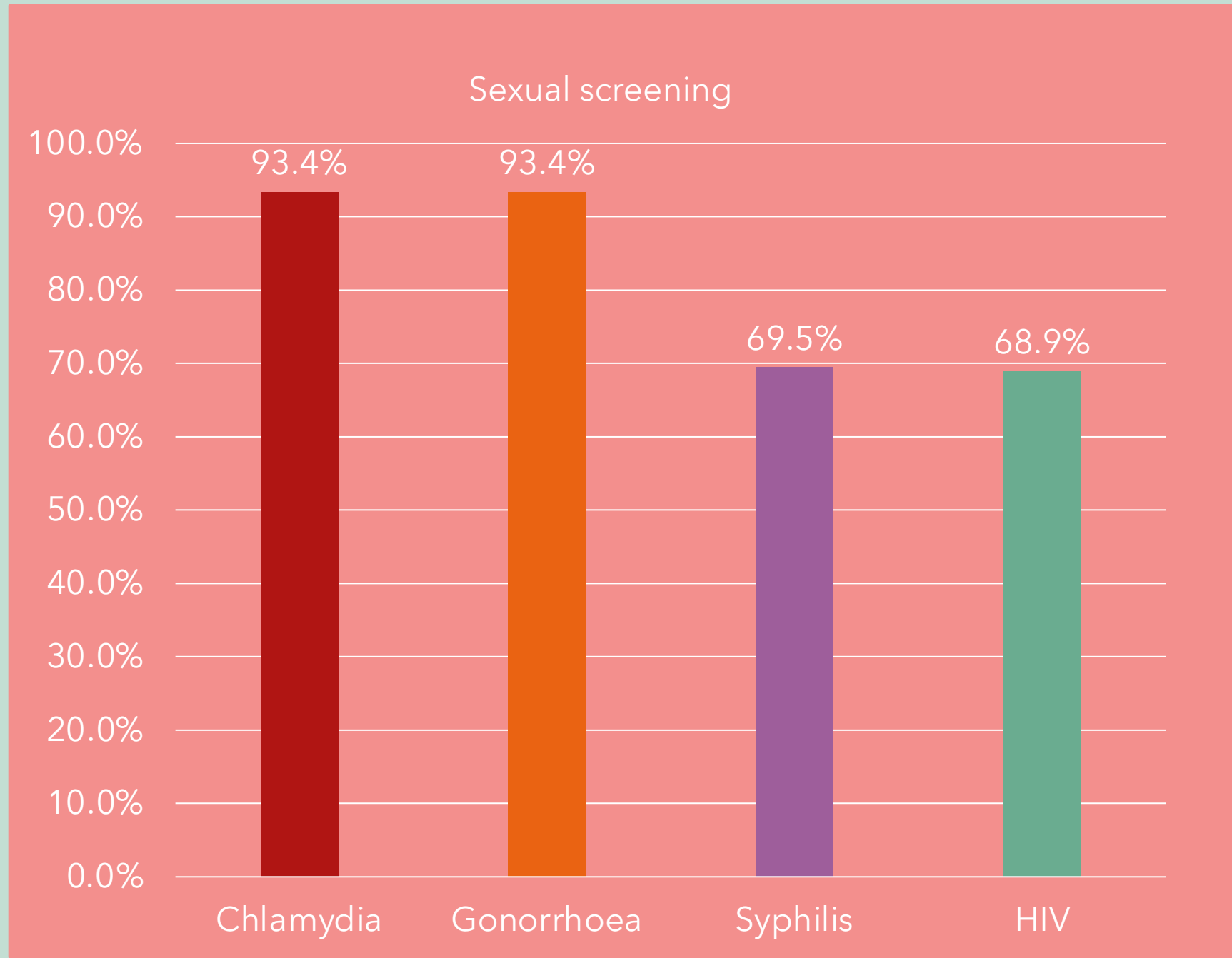
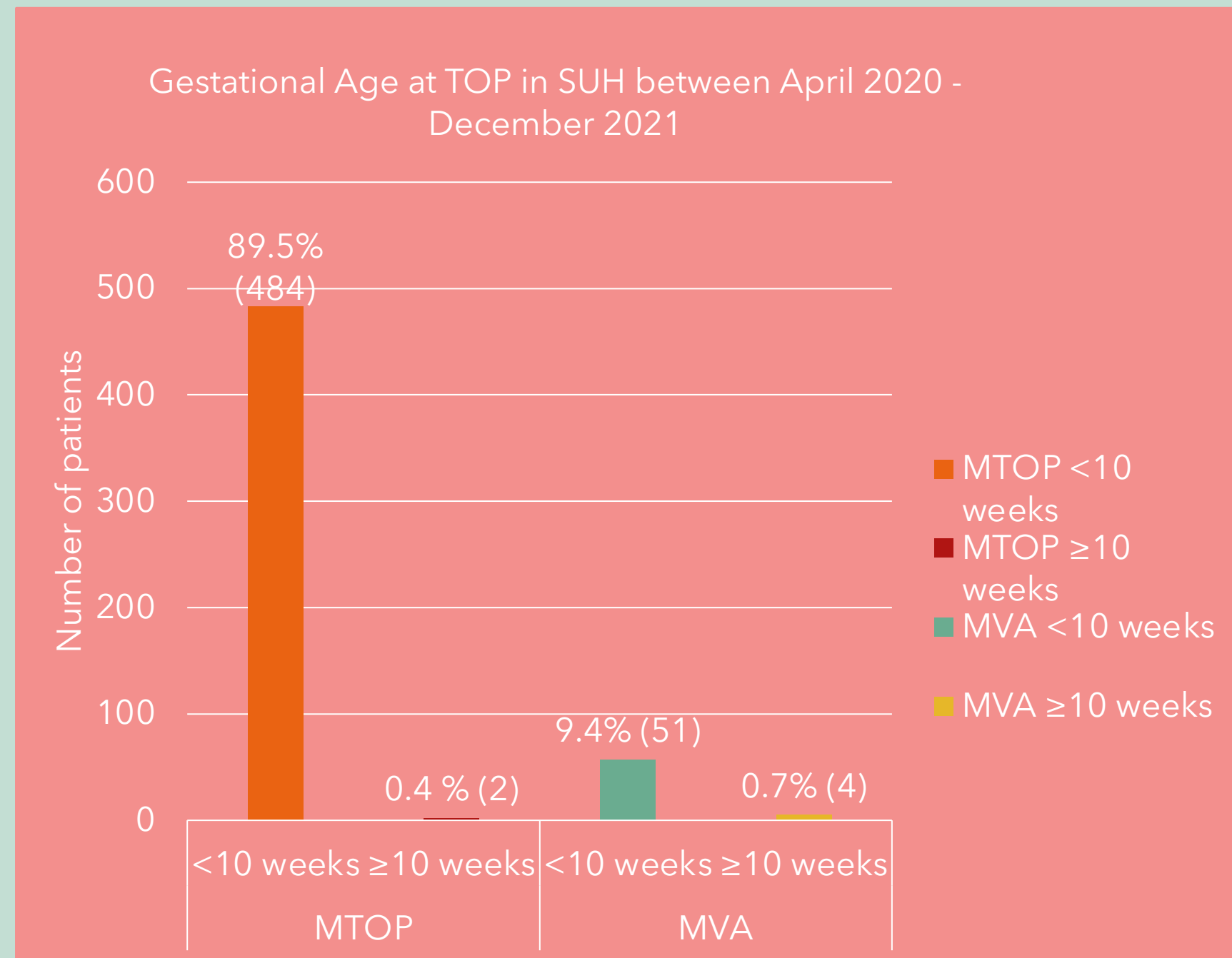
Objectives

- To introduce outpatient abortion care service.
- Evaluate the effectiveness and efficiency of outpatient management of MTOP and STOP.

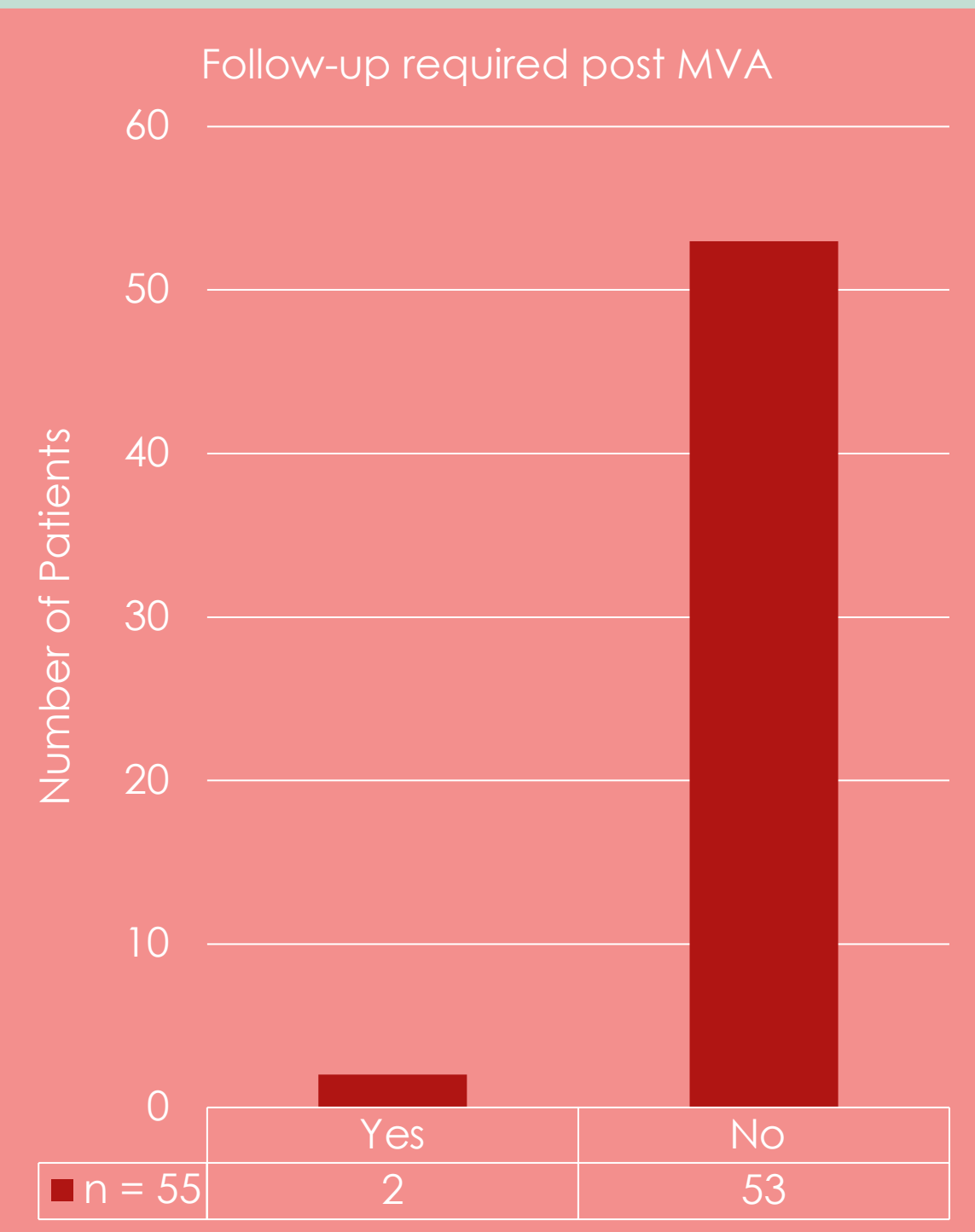
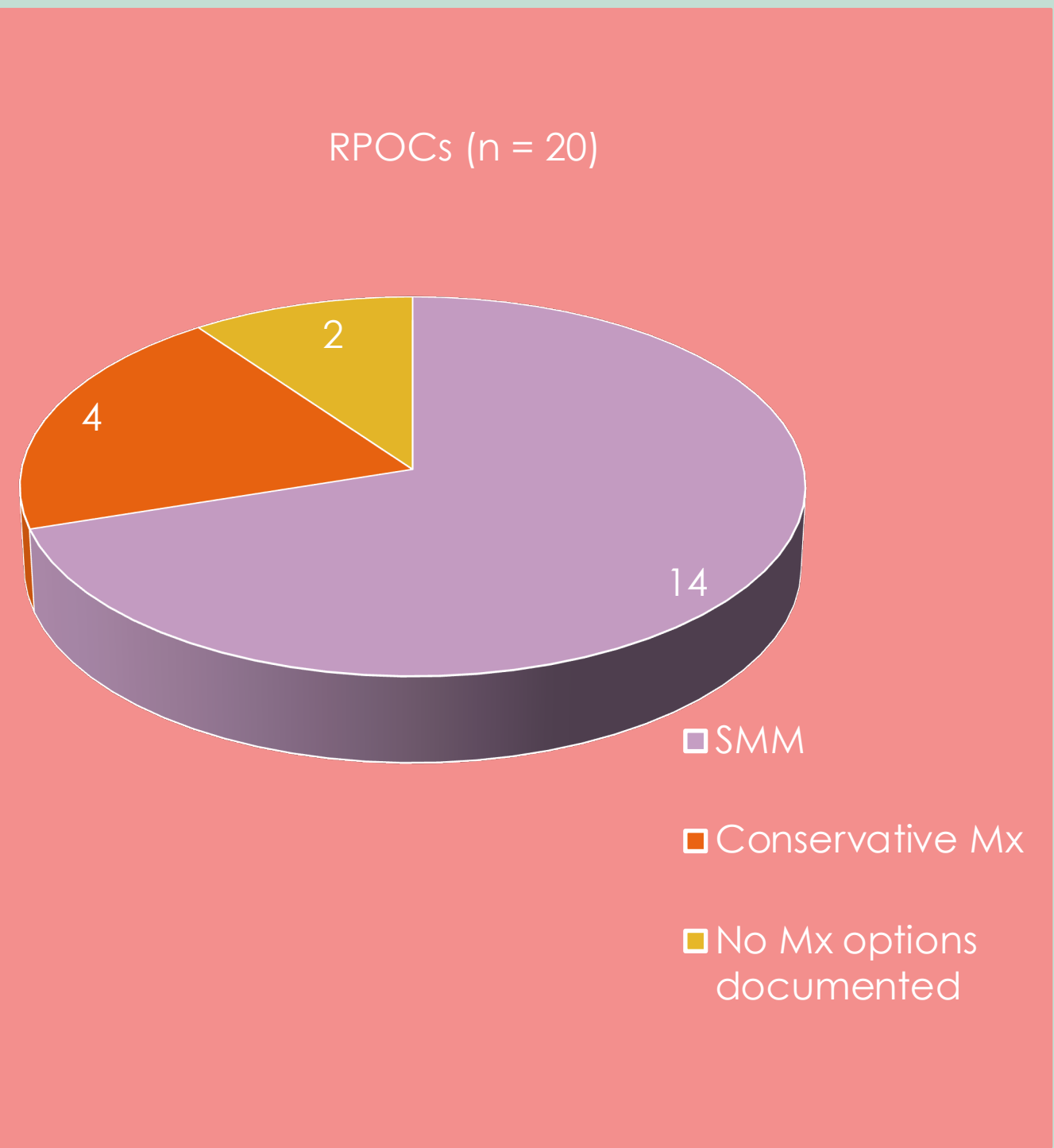
Method

We retrospectively reviewed patient records between April 2020 and December 2021. Data were collected on demographics, gestational age, contraception and Anti-D provision, sexual screening, major complications, and follow-up or intervention rates.

Results



During this period, 541 women underwent TOP. Majority of TOP were performed before 10 weeks’ gestation with 89.5 % and 9.4% of women having MTOP and MVA respectively. Contraception was provided to 89% of women at discharge. Chlamydia and gonorrhoea screening covered about 93.4% women, with syphilis and HIV screening at 69.5% and 68.9% respectively.



From those who underwent MTOP, no major complications were reported. Out of 20 women with RPOCs, 14 (2.9%) chose surgical management. The transition from inpatient to outpatient care for early medical termination resulted in cost savings of £9,720. Overall, we noted a 96% success rate in MVA procedures without any major complications, and only 4% requiring further follow-up, without any medical or surgical intervention. Additionally, this led to cost reductions totalling £73,700.

Conclusion(s)

This study concludes that outpatient abortion care is safe and effective, with no increased complications or interventions compared to published standards and significant cost savings. Furthermore, outpatient care service is more convenient.

Procedure	Time of stay in the hospital	Cost hospital spends on each case	Cost of 55 procedures (Actual spending)	Hospital paid per procedure £783 x 55cases	Profit/ Loss
MVA	60 – 150 min	£110	£6,050	£43,065	Profit £37,015
EVA	300 – 500 min	£1450 excluding GA cost	£ 79,750	£43,065	Loss £36,685
Cost Savings	-	£1,340	£73,700		